

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Riingen ARCH/Expanded ARCH	CHAPTER 100.1
Address: 17-559 Ipuaiwaha Street, Keaau, Hawaii 96749	Inspection Date: October 26, 2020 – Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 – no current physical examination.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected. Caregiver had turned in at only her TB clearance. Primary caregiver assumed Physical Exam. et TB clearance was turned in. Physical Exam turned in dated 10/30/2020, Received from M.D. office.</p>	11/05/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Substitute care giver (SCG) #1 – no current physical examination.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future plan - To avoid this issue in the future, I will refer to my list 2 months prior expiration of the physical exam and alert the caregiver at that time. I will refer to my list every month to recheck item due.</p>	11-05-20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p>FINDINGS Resident #1 – physician ordered <u>May 1, 2020</u> read, “Dulcolax 5 mg q day prn.” However, the May 2020 medication record reflected medication made available on <u>May 4, 2020</u>.</p> <p><u>This is a repeat deficiency from your 2019 annual inspection of October 7, 2019.</u></p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>Deficiency after the fact - unable to correct - Family picked up Med and delivered on their convenience.</i></p>	<p>11/05/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – physician ordered <u>May 1, 2020</u> read, “Dulcolax 5 mg q day prn.” However, the May 2020 medication record reflected medication made available on <u>May 4, 2020</u>.</p> <p><u>This is a repeat deficiency from your 2019 annual inspection of October 7, 2019.</u></p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future Plan - To avoid this issue in the future, I will confirm with the family member who was picking up the medicine when she will be able to deliver the med, if not as soon as possible, I will pick up med. I will make arrangements with family to be listed as authorized to pick-up meds and will do so on admission with all residents.</p>	11/05/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – no medication re-evaluation since May 14, 2020.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the deficiency was corrected. Re-evaluation for meds was submitted to the MD et signed as accurate and appropriate.</p>	11/05/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1 – no medication re-evaluation since May 14, 2020.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this issue in the future, all charts will be tagged for re-evaluation of orders, and submitted to the physician for re-evaluation at least one month in advance. if not scheduled for a visit with the physician at the due date.</p>	11/05/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – May 2020 medication record reflected the following medication administered on May 10, 2020; however, no time of administration indicated: “Acetaminophen Cod #3 tablet 1 tablet by mouth 3 times a day as needed for pain”</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>Deficiency after the fact - unable to correct.</i></p>	<p>11/05/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><u>FINDINGS</u> Resident #1 – May 2020 medication record reflected the following medication administered on May 10, 2020; however, no time of administration indicated: “Acetaminophen Cod #3 tablet 1 tablet by mouth 3 times a day as needed for pain”</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future Plan - A sample of the correct way to sign out meds will be placed all residents charts, to remind all caregivers to sign out meds correctly. All MARs will be reviewed for accuracy and completion before caregivers sign out for their shift.</p>	11/05/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Kitchen refrigerator contained the following expired food items:</p> <ul style="list-style-type: none"> • Sweet Chili sauce (exp. 11-13-19) • Vermont Curry seasoning (exp. 09/25/20) 	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>Yes, the items were removed and disposed of appropriately.</i></p>	<p><i>11/05/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Kitchen refrigerator contained the following expired food items:</p> <ul style="list-style-type: none"> • Sweet Chili sauce (exp. 11-13-19) • Vermont Curry seasoning (exp. 09/25/20) 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future, all food items will have highlighted expiration dates or dates written in large letters to alert caregivers that items have expired and need to be disposed.</p>	<p>11/05/20</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p><u>FINDINGS</u> Resident bedroom #2 – strong urine odor.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>To correct the deficiency the water proof covering on the mattress was removed and sanitized, then spray with Lysol spray and allowed to dry. The soiled sheets were removed from the room to be washed and the soiled diapers, chux removed to outside trash, while the resident was showered, by another caregiver or caregivers.</p>	12/07/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.</p> <p>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;</p> <p>FINDINGS Resident bedroom #2 – strong urine odor.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>To avoid this issue in the future, all incontinence that soils the bedding will be treated immediately; 1-linens removed and washed, 2-all Surfaces Sanitized and Sprayed, 3- areas allowed to dry, 4- Soiled diapers, Chux removed to appropriate trash outside of the home. Otherwise, all areas will be Sanitized every other day or as needed, linens changed every other day, Unless Soiled, then it will be changed daily. Flipping of the mattresses, will be done to sanitize all areas of the mattress and to refresh stuffing or Cents in the mattress. All Care-</p>	12/07/20

givers will be assigned to various duties of the day. That may include sanitization of the beds.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Kitchen receptacle -- no tight-fitting lid.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I purchased the appropriate container as recommended, with a tight-fitting lid.</p>	11/05/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u> Kitchen receptacle – no tight-fitting lid.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Future Plan - I will continue to purchase / use as needed trash receptacles with a tight fitting lid.</i></p>	<p><i>11/05/20</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><u>FINDINGS</u> Resident #1 – admitted April 29, 2020, no two (2) step tuberculosis (TB) skin test.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, the family acknowledged and mentioned that she had to have on for admittance to a public health program, upon research with the Dept. of Health, documentation was obtained for the TB test.</p>	11/05/20

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-84 <u>Admission requirements.</u> (b)(3) Upon admission of a resident, the expanded ARCH licensee shall have the following information:</p> <p>Evidence of compliance with the department's uniform tuberculosis policy;</p> <p><u>FINDINGS</u> Resident #1 – admitted April 29, 2020, no two (2) step tuberculosis (TB) skin test.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Future Plan - To avoid this issue in the future I will review the old records more clearly as I mistakenly noted a two step on a MAR from the facility she was previously at. It It was an order, but it was not carried out.</p>	<p>11/05/20</p>

1
Licensee's/Administrator's Signature: Benita Ringen

Print Name: BENITA RINGEN

Date: 11/05/20

Licensee's/Administrator's Signature: Benita Ringen

Print Name: BENITA RINGEN

Date: 12/07/20